UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549 1456814 **TEMPORARY**

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, **SECTION 4(6), AND/OR** UNIFORM LIMITED OFFERING EXEMPTION

OMB	APP	RO	VAL
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OMB Number: 3235-0076 Expires: March 15, 2009 Estimated average burden hours

per response......4.00

Name of Offering (□ check if this is an amendment and name has changed, and indicate change.) Oaktree Mezzanine Plus Fund, L.P.		
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ■ Rule 506 ☐ Section of the Rule	ion 4(6) ULOE	
Type of Filing: ■ New Filing □ Amendment		
A. BASIC IDENTIFICATION D	ATA	
1. Enter the information requested about the issuer	· · · · · · · · · · · · · · · · · · ·	
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) Oaktree Mezzanine Plus Fund, L.P. (the "Fund")		
Address of Executive Offices (Number and Street, City, State, Zip Code) c/o Oaktree Mezzanine Plus Fund GP, L.P., 333 South Grand Avenue, 28th Floor, Los Angeles, California 90071	09037628	
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices)	Telephone Number (Inclu	09001-0-0
Brief Description of Business Investments		SEO
Type of Business Organization ☐ corporation ☐ limited partnership, already formed ☐ business trust ☐ limited partnership, to be formed ☐ other (please specify):	. · · · · · · · · · · · · · · · · · · ·	Mail Proc essing Section
Month Year	■ Actual □ Estimated	MAR 7 3 2009
Actual or Estimated Date of Incorporation or Organization: [0] 6	■ Actual □ Estimated tate: □ E	Washington, DC

GENERAL INSTRUCTIONS

Note: This is a special Temporary Form D (17CER 239,500I) that is available to be filed instead of Form D CER 239,500) only to issuers that file with the Commission a notice on Temporary Form D (17 CER 239,500I) or an amendment to such a notice in paper format on or after September 15, 2008 but before March 16, 2009 During that period, an issuer also may file in paper format an initial notice using Form D (17 CFR 239,500) but, if it does, the issuer must file amendments suing Form D (17 CFR 239,500) and otherwise comply with all the requirements of §230.503I.

Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C.

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 100 F Street, N.E., Washington, D.C. 20549.

Copies Required: Two (2) copies of this notice must be filed with the SEC, one of which must be manually signed. The copy not manually signed must be a photocopy of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

ATTENTION

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

> Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

		A. BASIC II	DENTIFICATION DATA		
2. Enter the information re	equested for the follo	wing:			
• Each promoter of	the issuer, if the issu	er has been organized within	n the past five years;		
Each beneficial ov	wner having the pow	er to vote or dispose, or dire	ct the vote or disposition of, 1	10% or more of a	class of equity securities of the issuer;
Each executive of	ficer and director of	corporate issuers and of corp	porate general and managing	partners of partne	rship issuers; and
	managing partner of		. •		
	Promoter	Beneficial Owner	☐ Executive Officer	☐ Director	■ General and/or Managing Partner
Check Box(es) that Apply:	1 Promotes	Beneficial Owner	L'Accurre Officer	a photo.	
E HN / / fort	if in dividual				
Full Name (Last name first, Oaktree Mezzanine Plus Fun	d GP, L.P. (the "Gen	eral Partner")			
Business or Residence Address 333 South Grand Avenue, 28	ess (Number and Streeth Floor, Los Angele	et, City, State, Zip Code) es, California 90071			
Check Box(es) that Apply:	■ Promoter	☐ Beneficial Owner	☐ Executive Officer	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Oaktree Capital Management					
Business or Residence Address 333 South Grand Avenue, 28	ess (Number and Stre th Floor, Los Angeles	et, City, State, Zip Code) s, CA 90071			
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	■ General and/or Managing Partner*
Full Name (Last name first, Oaktree Fund GP, LLC (the	if individual) General Partner of th	e "General Partner")		•	
Business or Residence Addre c/o Oaktree Capital Managen	ess (Number and Stronent, L.P., 333 South	eet, City, State, Zip Code) Grand Avenue, 28th Floor,	Los Angeles, CA 90071		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	■ General and/or Managing Partner**
Full Name (Last name first, Oaktree Fund GP I, L.P. (the	if individual) "Managing Member	of the General Partner of th	ne General Partner")		
Business or Residence Addre c/o Oaktree Capital Managen	ess (Number and Stronent, L.P., 333 South	eet, City, State, Zip Code) Grand Avenue, 28th Floor,	Los Angeles, CA 90071		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	■ Executive Officer***	□ Director	☐ General and/or Managing Partner
Full Name (Last name first, Karsh, Bruce A.	if individual)				
Business or Residence Addre c/o Oaktree Capital Manager	ess (Number and Stronent, L.P., 333 South	eet, City, State, Zip Code) Grand Avenue, 28 th Floor,	Los Angeles, CA 90071		
Check Box(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer***	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Masson, Richard	if individual)				
Business or Residence Addre c/o Oaktree Capital Managen	ess (Number and Stronent, L.P., 333 South	eet, City, State, Zip Code) Grand Avenue, 28th Floor,	Los Angeles, CA 90071		
Check Box(es) that Apply:	☐ Promoter	Beneficial Owner	■ Executive Officer***	☐ Director	☐ General and/or Managing Partner
Full Name (Last name first, Stone, Sheldon	if individual)				
Business or Residence Addre	ess (Number and Stronent, L.P., 333 South	eet, City, State, Zip Code) Grand Avenue, 28th Floor,	Los Angeles, CA 90071		

* general partner of the General Partner. / ** managing member of the General Partner of the General Partner. / *** of the Managing Member of the General Partner of the General Partner.

				ENTIFICATION DATA				
		quested for the follow						
Each promoter of the issuer, if the issuer has been organized within the past five years;								
• Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;								
 Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and 								
•	Each general and n	nanaging partner of	partnership issuers.					
Check Box	(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer***	☐ Director	☐ General and/or Managing Partner		
Full Name Frank, John	(Last name first, in B.	f individual)						
Business o c/o Oaktree	r Residence Addres e Capital Managem	s (Number and Streent L.P., 333 South	et, City, State, Zip Code) Grand Avenue, 28 th Floor, L	os Angeles, CA 90071				
Check Box	(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer***	☐ Director	☐ General and/or Managing Partner		
Clayton, K								
Business o c/o Oaktre	r Residence Addres e Capital Managem	s (Number and Streent L.P., 333 South	et, City, State, Zip Code) Grand Avenue, 28 th Floor, I	os Angeles, CA 90071				
Check Box	(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer***	☐ Director	☐ General and/or Managing Partner		
Kaplan, Sto	•							
Business o c/o Oaktre	r Residence Addres e Capital Managem	s (Number and Streent L.P., 333 South	et, City, State, Zip Code) Grand Avenue, 28th Floor, I	os Angeles, CA 90071				
Check Box	(es) that Apply:	☐ Promoter	Beneficial Owner	■ Executive Officer***	☐ Director	☐ General and/or Managing Partner		
Full Name Keele, Law	(Last name first, it	f individual).						
Business o c/o Oaktree	r Residence Addres e Capital Managem	s (Number and Stree ent L.P., 333 South	et, City, State, Zip Code) Grand Avenue, 28 th Floor, I	os Angeles, CA 90071				
Check Box	(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer***	☐ Director	☐ General and/or Managing Partner		
	(Last name first, it er, David M.	f individual)						
Business o c/o Oaktree	r Residence Addres e Capital Managem	s (Number and Street L.P., 333 South	et, City, State, Zip Code) Grand Avenue, 28 th Floor, I					
	(es) that Apply:	☐ Promoter	☐ Beneficial Owner	■ Executive Officer***	□ Director	☐ General and/or Managing Partner		
Marks, Ho								
Business o c/o Oaktree	r Residence Addres e Capital Managem	s (Number and Streent, L.P., 333 South	et, City, State, Zip Code) Grand Avenue, 28 th Floor, I	Los Angeles, CA 90071				
Check Box	(es) that Apply:	☐ Promoter	☐ Beneficial Owner	☐ Executive Officer	□ Director	☐ General and/or Managing Partner		
Full Name	(Last name first, i	f individual)						
Business o	r Residence Addres	s (Number and Stre	et, City, State, Zip Code)					
*** of the	Managing Membe	er of the General Par	tner of the General Partner.					

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

						B. INFO	RMATIO	N ABOUT	OFFERIN	G				
														Yes No
1.														
Answer also in Appendix, Column 2, if filing under ULOE.								#2 000 000¥						
2. What is the minimum investment that will be accepted from any individual?														
* Th						tner in its s								Yes No
3.														
4.	solicitatio	on of purch I with the S	asers in co SEC and/or	nnection wi	ith sales of e or states,	securities ir	n the offerin e of the bro	ig. If a perso ker or deale	directly or i on to be list er. If more t	ed is an ass	ociated bei	SOR OF agen	ii oi a bioke	ration for or dealer d persons of such a
Full	Name (La	ast name fi	rst, if indiv	idual)										
	A Investme													
Busi	ness or Re	sidence A	idress (Nui	nber and St	reet, City,	State, Zip C	ode)							
333	South Gra	nd Avenue	, 28 th Floor	, Los Ange	les, CA 900	071								
Nam	ne of Asso	ciated Brok	er or Deale	er										
State						Solicit Purcl								
	(Check "	All States"	or check in	ndividual S	tates)									■All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
Full	[RI] Name (La	[SC] st name fir	st, if indivi			[01]	[, +]	[, , , ,]	[
		& Co. Inc.	ŕ	,										
Busi	ness or Re	sidence A	ddress (Nu	nber and St	treet, City,	State, Zip C	ode)							
125	Broad Stre	eet, 16th Fl	oor, New Y	ork, NY 1	0004									
Nam	ne of Asso	ciated Brol	er or Deale	er		<u> </u>								
State	es in Whic	h Person L	isted Has S	folicited or	Intends to	Solicit Purc	hasers							
	(Check "	All States"	or check in	ndividual S	tates)					• • • • • • • • • • • • • • • • • • • •				■ All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA] [PR]	
E 11	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[FK]	
Full	Name (L	ast name 11	rst, if indiv	iduai)										
Duci	ness or De	ocidence A	ddress (No	mher and S	treet City	State, Zip (Code)							
Dusi	illess of Ke	sidence A	autess (140	moer and s	nicci, City,	otate, zip	2040)							
Nam	ne of Asso	ciated Brol	er or Deal	er										
					.									
State						Solicit Purc								☐ All States
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	

C. OFFERING PRICE	NUMBER OF	INVESTORS.	, EXPENSES	AND USI	E OF PROCEEDS

Enter the aggregate offering price of securities included in this offering and the total amount already sold.

Enter "0" if answer is "none" or "zero." If the transaction is an exchange offering, check this box [] and indicate in the columns below the amounts of the securities offered for exchange and already exchanged. Aggregate Amount Already Type of Security Offering Price Sold \$0 \$0 Debt Equity ☐ Preferred □ Common \$0 Convertible Securities (including warrants) \$0** Partnership Interests \$2,500,000,000* \$0_____)..... \$0** \$2,500,000,000* Total Answer also in Appendix, Column 3, if filing under ULOE. 2. Enter the number of accredited and non-accredited investors who have purchased securities in this offering and the aggregate dollar amounts of their purchases. For offerings under Rule 504, indicate the number of persons who have purchased securities and the aggregate dollar amount of their purchases on the total lines. Enter "0" if answer is "none" or "zero." Aggregate Dollar Amount Number Investors of Purchases Accredited Investors 0** 0 \$0_____ Non-accredited Investors Total (for filings under Rule 504 only)..... Answer also in Appendix, Column 4, if filing under ULOE. If this filing is for an offering under Rule 504 or 505, enter the information requested for all securities sold by the issuer, to date, in offerings of the types indicated, in the twelve (12) months prior to the first sale of securities in this offering. Classify securities by type listed in Part C - Question 1. Dollar Amount Type of Security Sold Type of offering Rule 505 Regulation A Rule 504 Total a. Furnish a statement of all expenses in connection with the issuance and distribution of the securities in this offering. Exclude amounts relating solely to organization expenses of the issuer. The information may be given as subject to future contingencies. If the amount of an expenditure is not known, furnish an estimate and check the box to the left of the estimate. Transfer Agent's Fees Printing and Engraving Costs. Legal Fees Accounting Fees Engineering Fees Sales Commissions (specify finders' fees separately) Other Expenses (identify) **\$2,500,000**** Total

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^{*} Represents the Fund and Oaktree Mezzanine Fund III, L.P. (including its feeder fund) (together, the "Affiliated Fund" and, with the Fund, the "Funds"). The General Partner may accept total capital commitments in excess of such amount and may direct certain capital contributions be made through one or more alternative investment vehicles. / ** Does not include amounts sold by the Affiliated Fund. / *** All expenses of the Funds, including organizational expenses up to an aggregate of \$2.5 million for both Funds, will be borne by the Funds. Organizational expenses in excess of an aggregate of \$2.5 million will be paid by the Funds but borne by the Manager through a 100% offset against the Management Fee pro rata for each fund on the basis of their respective capital commitments. Although it is not contemplated that any sales commissions or placement fees will be paid, sales commissions or fees, if any, paid to OCM Investments, LLC, a subsidiary of the Manager that serves as the Funds' placement agent, or to any other person, will be paid by the applicable fund but will be applied dollar-for-dollar to reduce the Management Fee otherwise payable by such fund, and to the extent necessary to absorb any excess fees so paid, the Carried Interest otherwise payable to its General Partner.

C. OFFERING PRICE, NUMBER OF	INVESTORS, EXPENSES AND USE	OF PROCEEDS			
Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer." \$2,497,500,000					
Indicate below the amount of the adjusted gross proceeds to the issuer amount for any purpose is not known, furnish an estimate and check must equal the adjusted gross proceeds to the issuer set forth in response	the box to the left of the estimate. The tot	ne purposes shown. If the all of the payments listed			
		Payments to Officers, Directors, & Affiliates	Payments To Others		
Salaries and fees		□\$	□\$		
Purchase of real estate		□\$	□\$		
Purchase, rental or leasing and installation of machinery and equip	ment	□\$	□\$		
Construction or leasing of plant buildings and facilities			□\$		
Acquisition of other businesses (including the value of securities in used in exchange for the assets or securities of another issuer pursu		□\$	□\$		
Repayment of indebtedness		□\$	□\$		
Working capital		□\$	□\$		
Other (specify): Investments and related costs		□\$	\$2,497,500,000*		
		□\$	□\$		
Column Totals		\$	\$2,497,500,000*		
Total Payments Listed (columns totals added)		\$2,49	7,500,000*		
	EDERAL SIGNATURE	1 7 1 505 1 611			
e issuer has duly caused this notice to be signed by the undersigned duly undertaking by the issuer to furnish to the U.S. Securities and Exchange n-accredited investor pursuant to paragraph (b)(2) of Rule 502.	commission, upon written request of its	staff, the information furn	ing signature constitutes ished by the issuer to any		
guer (Print or Type)	Signature	Date			
aktree Mezzanine Plus Fund, L.P.	Madialial	Marcl	n 4, 2009		
nme of Signer (Print or Type)	Title of Signer (Print or Type)				
sa Arakaki	Authorized Signatory of Oaktree Fund C GP, LLC, the general partner of Oal partner of Oaktree Mezzanine Plus I	ctree Mezzanine Plus Func			
					

* Dollar amount represents the combined dollar amounts of the Funds.

ATTENTION

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

5.